

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 02/15/02?
 - b. The request was received on 05/29/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 07/25/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 07/26/02. The only response from the insurance carrier was received in the Division on 05/31/02 and is reflected as Exhibit II.
4. Notice of Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: letter dated 07/19/02
“...the carrier issued additional payment in the amount of \$1867.50 on 7-20-02. There is \$1137.50 still due for this date of service...\$212.50 was reimbursed for these codes in the supplemental payment. Codes 27299-51 and 22899-51 are not listed in the fee guidelines, so the unlisted procedure code must be used. We feel we have billed these procedures fair and reasonable and they should not be considered global.”

2. Respondent: none submitted

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1&2), the only date of service eligible for review is 02/15/02.
- The Carrier's EOBs have the denials: "F – Reduced According to Fee Guideline" and "G – UNBUNDLING; TREATMENT/SERVICE INCLUDED IN ANOTHER BILLED PROCEDURE."
- Based on the letter from the Requestor, dated 07/19/02, the original dispute has been reduced to the CPT codes in the following table that identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
02/15/02	27299-51	\$850.00	\$212.50	F, G	DOP	Texas Workers' Compensation Act & Rules, Sec. 133.304 (c); MFG CPT descriptors, Global Service Data for Orthopaedic Surgery, 1994	The denial codes "F" & "G" are the only ones found in documentation submitted by both parties.
02/15/02	22899-51	\$500.00	\$0.00	F, G	DOP		Both of the billed CPT codes in dispute are for "unlisted procedures" and both have a MAR of DOP. Due to not having an amount listed for MAR, the denial code "F" and its explanation would not be appropriate. The denial "G" and its accompanying explanation are insufficient and would not allow the provider to adequately respond to the dispute. The EOBs do not state what billed procedure the services in dispute are global to and being "unlisted procedures" the codes are not listed in the Global Service Data for Orthopaedic Surgery, 1994. The carrier's denials do not meet the criteria established by Rule 133.304 (c). Therefore, additional reimbursement of \$1,137.50 is recommended.
Totals		\$1350.00	\$212.50				The Requestor is entitled to additional reimbursement in the amount of \$1,137.50.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,137.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 1st day of November 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division